



# Work Order (Bid Form)

## WORK ORDER INFORMATION

**Work Order Name:** WO/Client 50005DE8484/1

**Work Order Type:** Weatherization

**Audit Name:** Audit 50005DE8484

## CLIENT INFORMATION

**Client Name:**

**Address:**

**Client ID:** Client 50005DE8484

, TN

**Alt. Client ID:**

## AGENCY INFORMATION

**Agency:** 50005DE

**Agency Phone:** (901) 476-5226

**Address:** P. O. BOX 634, 915 HWY 51 SOUTH  
COVINGTON, TN 38019

**Fax:** (901) 476-5258

**Email Address:** gloria.v.williams@tn.gov

**Agency Contact:** Treadwell, Dwight

**Work Phone:** (901) 274-8336

**Cell Phone:** (865) 335-4834

**Email Address:**

**Company Name & License Number:** \_\_\_\_\_

**Contractor's Signature:** \_\_\_\_\_

## COMMENT

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**Client Name:**

**Client ID:** Client 50005DE8484

**Alt. Client ID:**

### **Work Order (Bid Form)**

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**Report Run On:** 5/26/2010

**DOE Weatherization Assistant**

**Version 8.5.0**

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## Measures

### Measure 1 Infiltration Redctn

### Components

Inspected

**Comment** Caulk outside and seal around inside of all windows  
Block attic access, insulate attic pulldown stairs and weatherstrip door  
Wrap and retape supply duct (20 ft)  
Wrap and seal 10 boots with mastic tape and sealer  
Wrap return air plenum  
Air seal plumbing penetrations--kitchen, bathroom and laundry

☐

#	Material / Labor	Description / Comment	Units	Estimated		Actual			
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Supplies	Infiltration Reduction	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		

### Measure 2 DWH Tank Insulation

### Components

Inspected

**Comment**

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipment	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other Detail</b>									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Measure Sub Total:</b>						<input type="text"/>	<b>Sub Total:</b>		

**Field Notes:**

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Measure 3 DWH Pipe Insulation				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1					
2	Labor	DHW Pipe Insulation	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 4 Floor Ins. R-19				Components Crawl - 1290 sq.ft				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Batts - R-19	SqFt	1290					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

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**Measure 5 Attic Ins. R-30****Components** 1356 Sq.ft**Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-30	SqFt	1356	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Measure 6 CO Monitor is Needed****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	CO monitor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:**

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**Measure 7 Fix Improper Venting of Bathroom Exhaust Fan****Components****Inspected****Comment** Vent (2) Bathroom exhaust fans to soffitt area or to Gable vents☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Measure 8 Vapor Barrier Needed (Basement/Crawlspace)****Components****Inspected****Comment** Attach Ground cover up 6" around crawl space walls and beams☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Basement / crawlspace vapor barrier	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**

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